

# VISION WHEEL QUICK APPLICATION

CREDIT CARD OR COD CUSTOMERS ONLY, COD (CERTIFIED FUNDS, MONEY ORDERS, CASHIERS CHECK) IF SHIPPING OUT, CASH ON DELIVERY

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Billing Address City & State & ZIP CODE

\_\_\_\_\_  
Shipping Address (if different) City & State & ZIP CODE

\_\_\_\_\_  
Trades Styles, DBA'S (if any)

\_\_\_\_\_  
Proprietorship

\_\_\_\_\_  
Corporation

\_\_\_\_\_  
Partnership

\_\_\_\_\_  
LLC

\_\_\_\_\_  
Owner's Name

GENERAL SALES TAX EXEMPTION NUMBER \_\_\_\_\_

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Years in Business

\_\_\_\_\_  
Federal ID#

VISION WHEEL SALESPERSON YOU HAVE BEEN SPEAKING WITH: \_\_\_\_\_

YOKOHAMA ADVANTAGE MEMBER? IF SO WHAT IS YOUR ASSOCIATE DEALER #: \_\_\_\_\_

CREDIT CARD NUMBER WILL BE TAKEN OVER THE PHONE.

CREDIT CARD TYPE: (CIRCLE ONE ) VISA

\_\_\_\_\_  
MASTERCARD

\_\_\_\_\_  
DISCOVER

CARD HOLDER'S NAME: \_\_\_\_\_

MAILING ADDRESS FOR CARD: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

CVN CODE ON BACK OF CARD: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PLEASE FAX BACK TO 256-350-6312 OR EMAIL TO: [capp@visionwheel.com](mailto:capp@visionwheel.com)

VISION WHEEL MUST HAVE A STATE SALES TAX NUMBER FOR EVERY CUSTOMER. THIS NUMBER IS ISSUED TO YOUR COMPANY FROM YOUR STATE. WITHOUT THIS NUMBER VISION WHEEL CANNOT WHOLESALE TO YOUR COMPANY, IF YOUR STATE IS STATE TAX EXEMPT PLEASE WRITE THIS IN. THERE ARE ONLY A FEW STATES THAT DO NOT ISSUE SALE TAX NUMBERS.